



DEPARTMENT OF HUMAN SERVICES
BUREAU OF HEALTH
LICENSE APPLICATION

☐ BODY PIERCING ☐ MICROPIGMENTATION

☐ ELECTROLOGY ☐ TATTOO PRACTITIONER ☐ TATTOO APPRENTICE

Check the Applicable Boxes

Applicant (Print) _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Location:(Street) _____ City _____

Social Security Number _____ Date of Birth _____

Phone Number _____

(Tattoo Apprentice Applicant) Practitioners Name _____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION: (if applicable)

MICROPIGMENTATION <ul style="list-style-type: none">➤ Evidence of training under direct supervision of a licensed Micropigmentation practitioner➤ Copies of any licenses, diplomas, or certificates issued as Micropigmentation practitioner. (The initial license is valid for up to 24 months with an expiration date of September 30. Renewals are biennial.)	TATTOOING <ul style="list-style-type: none">➤ Description of applicant's experience in performing tattooing, including length of time practiced, length of time as an apprentice, name, address, and telephone number of where applicant worked or will work as apprentice.➤ Proof of attendance at a blood borne pathogen training program within the last three years
ELECTROLOGY <ul style="list-style-type: none">➤ Copy of a certificate indicating satisfactory completion of a 600-hour course of instruction in a school of electrology.	BODY PIERCING <ul style="list-style-type: none">➤ Description of applicant's experience in performing body piercing

All applications require the following:

Non-Refundable and Non-Transferable Fee of \$50.00 per license

Make Check Payable to Treasurer State of Maine. (Do not send cash)

Please mail to: Division of Health Engineering
11 State House Station
Augusta ME 04333-0011

I declare, under penalty of perjury that I am 18 years of age or older, have read and understand the State of Maine Rules Relating to my field, and that this application is true and complete.

X _____
Signature Date

Phone (207) 287-5671 Fax (207) 287-3165 TTY (207) 287-2070 E-mail dhe.sanitarian@maine.gov

DEFINE ESTABLISHMENT WATER SOURCE

() WATER DISTRICT/COMPANY (*no water analysis required*)

() PRIVATE WELL, SPRING, ETC.

DATE & SERIAL # OF LAST WATER ANALYSIS _____ NUMBER OF WATER SOURCES _____

() DUG WELL () DRILLED WELL () SPRING () LAKE, POND, STREAM () WELL POINT () OTHER

DEPTH OF

WELL(S) _____

TREATMENT, IF ANY () CHLORINATOR () SOFTENER () FILTRATION () IRON REMOVAL () OTHER

NEW ESTABLISHMENTS OR ESTABLISHMENTS WITH NEW PRIVATE WATER SUPPLIES,

PLEASE REFER TO WATER TESTING APPLICATION FOR REQUIRED TESTS.

ESTABLISHMENT METHOD OF WASTEWATER DISPOSAL

() PUBLIC SEWER SYSTEM (*No reports required*)

() PRIVATELY OWNED SYSTEM - ESTABLISHMENTS THAT ARE NEW, HAVE EXPANDED THEIR CAPACITY OR HAVE

CHANGED THE FACILITY USE MUST SUPPLY THE FOLLOWING:

(1) HHE 200 FORM (Site Evaluation Form)

(2) CERTIFICATION OF LPI APPROVAL FOR:

a) INTERNAL PLUMBING

b) SUBSURFACE WASTEWATER DISPOSAL SYSTEM

(3) LOT SIZE

(4) DATE SYSTEM WAS INSTALLED

DATE OF APPLICATION _____ BEGINNING DATE OF OPERATION _____

MAKE CHECK PAYABLE TO TREASURER OF THE STATE OF MAINE